

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/518648

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		10				
2		1					52		10				
3		1					53		10				
4		31					54	1	1				
5		13					55		1				
6		31					56		1				
7		10					57		31				
8		10					58		13				
9		10					59		10				
10	1						60		10				
11		1					61		10				
12		12					62		10				
13		21					63		10				
14		10					64		10				
15		10					65		10				
16	1						66		10				
17	1						67		10				
18		1					68		10				
19		12					69		10				
20		10					70		10				
21		10					71		10				
22		10					72		10				
23		10					73		10				
24		10					74		10				
25		10					75		10				
26		10					76		10				
27	1						77		10				
28		1					78		10				
29	1						79						
30	1						80						
31		1					81						
32		10					82						
33	1						83						
34		1					84						
35		12					85						
36		21					86						
37	1						87						
38		1					88						
39		1					89						
40		21					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46		10					96						
47		10					97						
48		10					98						
49		10					99						
50		10					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	63	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	73					